

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**10/538879**

APPLICANT(S)

7-13-05

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5						
6						
7						
8	1		1			
9		1		1		
10		1		1		
11		1	1	1		
12	1		1			
13		1		1		
14		1		1		
15	1		1			
16		1		1		
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19	1		1			
20		1		1		
21	1		1			
22	1		1			
23	1		1			
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50						
TOTAL IND.	10	↓	10	↓		↓
TOTAL DEP.	19	←	19	←		←
TOTAL CLAIMS	29		29			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						